VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 6, 2012

Mr. James Beeler, Administrator
Rowan Court Health & Rehab
378 Prospect Street
Barre, VT 05641-5421

Provider #: 475037

Dear Mr. Beeler:

Enclosed is a copy of your acceptable plans of correction for the follow-up to the annual re-certification survey conducted on **June 18, 2012.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure

RECEIVED Division of Licensing and Protection JUL 13 12
PRINTED: 06/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475037	A. BUILDING _____ B. WING _____	R 06/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROWAN COURT HEALTH & REHAB	378 PROSPECT STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS An unannounced on site follow up to the annual re-certification survey was conducted by the Division of Licensing and Protection on 6/18/12. The following regulatory deficiencies were identified.	{F 000}		
{F 280} SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to demonstrate the Plan of Care for High Risk for Falls for one resident (Resident #2) of the sample group was reviewed or revised after a fall on 6/12/12 and prior to another fall on	{F 280}	Tag F 280 No residents were harmed by this alleged deficient practice. Resident #2 was not affected by this alleged deficient practice. Upon investigation, it was found that this resident was approached by another resident, who twirled him around and caused him to fall. No further care plan interventions are needed at this time. Any resident at risk for a fall has the potential to be affected by this alleged deficient practice. All care plans will be reviewed and updated as appropriate following any resident's fall. DNS or her designee will audit care plans related to all falls, on a weekly basis.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

James V Bell | Administrator | 6/29/2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PMC

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{F 280}	Continued From page 1 6/18/12. Findings include: 1. Per record review on 6/18/12, Resident #2, who has a history of multiple falls when living at home, has a written Plan of Care focusing on "Potential for injury, high risk for falls; related to multiple falls when living at home...5/18/12 several falls this month." Care Plan Interventions contain a revision dated 6/5/12 stating "as of 6/2012 [Resident #2] is doing great. Eating and drinking well. Gait has stabilized. Behavior has returned to [h/her] peaceful baseline since [h/her] meds were adjusted. [H/she] is a delight". Per record review of Nursing Notes dated 6/13/12 at 5:31 A.M. "resident fell to floor right side, did not hit head per LNA [Licensed Nursing Assistant]. Assessment completed. Able to move all extremities, no complaint of pain. Vital signs stable. Returned to room. Out of bed at 10:30 P.M. [6/12/12] complaint of "don't feel good". Per record review of Incident Notes dated 6/18/12 "no further complaints related to [6/18/12] fall, no complaint of pain after fall, left note in physician's box informing of incident. Responsible party not notified as resident is responsible party. Vital signs, Range of motion (of joints, neck, etc.) and neurochecks all WNLs [within normal limits]." Per interview with the Charge Nurse (CN) on Resident #2's unit on 6/18/12 at 3:36 P.M. neurochecks are done if the resident hits their head, or if the fall is unwitnessed. The CN stated it is h/her expectation that after each fall the Care Plan's interventions would be reviewed and assessed for effectiveness, and if necessary, revised to prevent further falls. The CN stated it is h/her expectation that a resident's Care Plan	{F 280}	Results of the audits will be reported to the QA/QI Committee on a monthly basis, times 3 months. DNS or designee will be responsible for compliance. Completion date: July 9, 2012 F280 POC accepted 7/16/12 TDoughertyRN / Amc	

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{F 280}	Continued From page 2 would be updated after every fall, and contain a note on the Care Plan specific to each fall. During the interview on 6/18/12 at 3:36 P.M. the CN confirmed there was no documentation anywhere on Resident #2's chart that demonstrated the High Risk for Falls Care Plan had been reviewed after the fall on 6/12/12, and no documentation that the interventions were revised to prevent further falls. The CN confirmed that the Care Plan contained no note specific to the fall on 6/12/12, and that Resident #2 had fallen the day of the survey, 6/18/12, but it was "too early" to review the Care Plan in regards to that incident.	{F 280}		
{F 282} SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure that one Resident was provided with side rails to promote bed mobility and independence in bed as indicated on the plan of care. This affected one (Resident #1) of three Residents reviewed for implementation of the plan of care. Findings include: Review of the clinical record for Resident #1 revealed a plan of care for impaired physical mobility. Interventions included bilateral 1/2 side	{F 282}	Tag F 282 No residents were harmed by this alleged deficient practice. Resident #1 was not harmed by this alleged deficient practice. All residents with side rails have the potential to be affected by this alleged deficient practice.	

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{F 282}	Continued From page 3 rails on the bed to enable self positioning. A current physician's order sheet for June 2012 stated may use bilateral 1/2 side rails to promote bed mobility and independence in bed. A side rail assessment dated 05/09/12 revealed that bilateral 1/2 side rails are indicated for bed mobility and independence. Observation of Resident #1 in bed on 06/18/12 at 11:15 A.M. revealed no side rails on the bed. The Resident was alert and confused and unable to answer questions. The Resident mumbled when spoken to and attempted to come to a sitting position but was unable. Interview of the Registered Nurse on duty on 6/18/12 at the time of the observation, confirmed that the Resident had an assessment, a physician's order and a care plan in place for the use of bilateral 1/2 side rails for bed mobility and independence and the bed had no side rails.	{F 282}	Upon investigation, it was found that during stripping and waxing of the floor in that resident's room, the beds were removed, and resident #1's bed was mistakenly placed on the wrong side of the room. Thus, no further revision to resident #1's care plan was needed. In the future, each resident's bed will be labeled with that resident's name before the bed is removed from the room or moved to another room. Unit managers will insure that all beds in use will have the current resident's name on their bed to prevent further mix-ups in beds. DNS or designee will perform a random audit of beds on a weekly basis. Results of the audits will be reported to the QA/QI Committee on a monthly basis, times 3 months. DNS or designee will be responsible for compliance. Completion date: July 9, 2012	

F282 POC accepted 7/6/12
TDoughertyRN | pmc